

**Bay County
Section 125 Plan**

Waiver of Participation

Employee Name _____ Dept. BOCC

Employee Address _____

City _____ State Florida Zip _____

Employee Social Security Number _____ Employee Number N/A

This waiver is effective for the Plan Year January 1, 2019 through December 31, 2019

As an employee eligible to participate in the Section 125 Plan, I acknowledge that I have been explained the benefits available to me as well as the rights and obligations I have under the Plan.

This waiver will acknowledge that I have been informed of the terms of the above-referenced Plan, I hereby elect not to participate in the Plan. I understand that this waiver will remain in effect for the remainder of the plan year for which this election is effective, but that I may again decide to participate during the election period prior to each plan year.

Employee Signature _____ Date _____

Accepted and agreed to by Employer's Authorized Representative:

By _____ Date _____